

## About the Home Visiting Strategy

Voluntary home visiting programs employ nurses or other trained professionals to help parents and others raising children with the supports necessary to promote the healthy development and well-being of children and their families.

Decades of research show just how effective voluntary, evidence-based home visiting programs can be in helping expectant parents and families with young children thrive.

Proven benefits include a focus on child development and school readiness, improved child and maternal health outcomes, achieving family economic self-sufficiency, linkages and referrals to other critical child and family support services, awareness of positive parenting practices, and reductions in child maltreatment and juvenile delinquency, family violence and crime.<sup>i</sup>



## Reaching the Most Vulnerable Families

Home visiting programs serve families that disproportionately face barriers and challenges to health and well-being, including families living in poverty.

In fact, 66% of Pennsylvania households receiving home visiting services through the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program were at or below 100% of the Federal Poverty Guidelines.<sup>ii</sup>

This illustrates that many of the families already receiving home visiting are eligible for Medicaid, but there is a large unmet need for many enrolled in Medicaid who do not have access to home visiting services.

**Approximately 45% of Pennsylvania children under the age of 6 are enrolled in Medicaid. This includes nearly 239,000 infants and toddlers (birth to age 3) and 126,000 children ages 4-5.<sup>iii</sup>**

**Additionally, 34% of all births in Pennsylvania are financed by Medicaid.<sup>iv</sup>**

**This overlap presents an opportunity: How do we make home visiting services available to more expectant parents and families of young children enrolled in Medicaid?**

Recognizing this intersection, the Department of Human Services (DHS) in 2020 made an initial commitment to better connect these services by creating the Medicaid Maternal Home Visiting program, which is covered later in this paper.

## Opportunity of Medicaid Funding for Home Visiting

As described in our [financing report](#) in 2021, home visiting in Pennsylvania is backed through a patchwork of funding streams. Medicaid is one important source of the overall financing strategy.<sup>v</sup>

Since the report was released, MIECHV has been reauthorized with additional federal funding opportunities for states and Pennsylvania's state budget in FY 2022-23 included a significant increase of \$15 million in recurring state funds. The growth in those two key funding sources represented important wins and must continue. *Even with this expansion, home visiting in Pennsylvania only reaches a fraction of eligible families at 7% or about 20,000 families.* It remains as important as ever that we focus on opportunities to sustain and grow state funds, as well as, federal funds through MIECHV and Medicaid. No one funding lever is more significant than another.

As of 2022, at least 28 states, including Pennsylvania, offer home visiting services within their Medicaid programs to better address the unique needs of their beneficiaries.<sup>vi</sup>

Because there is no specific home visiting benefit that exists within Medicaid, states vary in their approach to financing certain aspects of home visiting. Below is a list of home visiting activities that states have deemed as allowable services, many of which are recognized in the DHS 2024 HealthChoices Agreement<sup>vii</sup>:

- Assessment
- Case management
- Connection to oral health care
- Development of care plans
- Health promotion and counseling
- Intimate partner violence screening and/or education
- Monitoring and follow-up activities
- Referral to services
- Sexually transmitted infection prevention education
- Screening
- Skills building and education
- Stress management
- Tobacco use screening and cessation education

Beyond allowable services, states vary in how they administer Medicaid reimbursement for home visiting.



*Federal Authority:* Most states use authority through their state plans, while Pennsylvania is one of two states that uses a 1915b waiver.<sup>viii</sup> While state plans offer longer-term changes that do not need periodic reauthorization, waivers allow a state more flexibility in Medicaid rules, albeit with a shorter window. For example, Pennsylvania's waiver that allows reimbursement of home visiting services was reauthorized in 2022 and is set to expire in 2026 unless reauthorized again.<sup>ix</sup>

*Alignment with Home Visiting Evidence of Effectiveness (HomVEE):* Three states, including Pennsylvania, allow both evidence-based and non-evidence-based home visiting programs.<sup>x</sup>

*Payment Mechanism:* Six states, including Pennsylvania, use both fee-for-service (FFS) and per member per month (PMPM) reimbursement.<sup>xi</sup> This paper provides more information about NFP's direct billing or FFS structure later.

## PA's Medicaid Maternal Home Visiting Program

In the fall of 2019, DHS announced an initiative to expand home visiting services in Pennsylvania through funds in Medicaid. The initiative was formally launched in July 2020 and is known as the Medicaid Maternal Home Visiting Program (MHV).

Medicaid Managed Care Organizations (MCOs) under contract with DHS are required to establish their respective MHV programs, according to DHS requirements.<sup>xii</sup>

The objective of the MHV program is to improve parent/caregiver and infant health outcomes and reduce maternal and infant morbidity and mortality, especially in individuals identified to be at risk. The target population is first-time mothers in Medicaid or parents and caregivers of children with additional risk factors.

The MHV programs must promote maternal, infant and early childhood assessment, education and referral including expansion and capacity building of existing home visiting programs. They must also encourage the use of preventive services, identify and resolve barriers to care, and mitigate social determinants of health barriers.

The MHV program has had growing pains since it began, given the challenges of the launch in the early months of the COVID-19 pandemic and shifting program and reporting requirements from year to year.

While DHS initially proposed limiting home visiting services to evidence-based programs, it quickly reversed course by expanding to include evidence-informed programs (those without the federal HomVEE designation).

Initially providing at least two home visits, DHS amended the contracts twice to change the program's parameters to offer unlimited services from the prenatal period and at a minimum, through the first 18 months of a child's life.

Incentives for the program have also shifted. While the current pay for performance for MCOs includes EPSDT visits within its payout structure, **DHS will instead require MCOs to enroll at least 15% of its members who give birth in an MHV program to be eligible to receive payouts beginning in 2025.**

The changes to expand the timeframe, not to limit the number of visits, and to shift payout incentives to increase

participation are steps in the right direction. However, other aspects of the program could be improved.

Funding to support the MHV program has not been clear. Funding is provided to MCOs via the DHS Medicaid Capitation line item. Because this is a large appropriation in the budget covering a litany of Medicaid items, there has been no transparency about how much has been directed to the MHV program. When the program began, there was a request in the FY 2022-21 state budget for an additional \$2.4 million; however, that was during the first version when the program was limited to two home visits. No further funding requests have been made public.

Another area for improvement is data collection and transparency, as illustrated by the following examples. Since the MHV program began, approximately 8,700 families enrolled in Medicaid have received home visiting services.

Calendar Year	Number of Members Receiving MHV services
2020*	559
2021	2,660
2022	3,109
2023	2,395

\*Note MHV program began July 2020 representing 6 months of operation

What the data does not show is how many members annually participated in evidence-based home visiting programs. DHS changed the reporting form to require only the total number of referrals rather than identifying referral data by evidence-based model.

Other unanswered questions include:

- How many current members already receive evidence-based home visiting services through other sources, such as OCDEL-funded programs? Since MCOs are required to follow up with evidence-based programs for their members already enrolled in home visiting services to avoid duplication, this should be an available data measure.
- How many members declined to participate in an MHV program by MCO and are not receiving home visits through other sources? Since the participation is voluntary; members are not required to enroll.
- What percentage of members with a live birth within each MCO are enrolled annually in MHV programs? Since the eligibility to receive payout incentives is changing as of 2025, DHS should establish and make available a baseline percentage for each MCO.



## Nurse-Family Partnership and Direct Billing of Medicaid

For many years, Nurse-Family Partnership (NFP) has been able to bill Medicaid using a fee-for-service payment structure. NFP provides case management services once the child is born and can bill at a unit rate of \$77 per day.

NFP received an increase in its fee-for-service or direct billing of Medicaid funds through federal appropriations, currently budgeted for \$3.8 million, up from \$2.5 million just two years ago.

NFP programs supported by the Office of Child Development and Early Learning (OCDEL) are only permitted to bill Medicaid for home visits if the child has Medicaid and the program is using state funds from OCDEL to support the child and family, such as Family Support Funding or the Children’s Trust Fund.

Within the last year, DHS provided clarification for NFP to ensure that services are not billable to Medicaid when a child using NFP is funded through certain federal funds, including MIECHV.<sup>xiii</sup>



## Recommendations for DHS

- **Improve coordination between DHS' offices that oversee home visiting.**
  - The Office of Child Development and Early Learning (OCDEL) and the Office of Medical Assistance Programs (OMAP) should meet regularly and include opportunities for engagement and clarity around expectations involving data collection and contracting between evidence-based home visiting programs and MCOs, especially for programs that continue for multiple years.
  - Further opportunities might include a coordinated effort between EBHV and MCOs to educate network providers on home visiting programs and services offered.
- **Improve data collection and transparency.**
  - OMAP should report out measures each year regarding the number of members receiving home visiting by model, the number of members who declined by MCO, the number of members already receiving evidence-based home visiting through other sources by MCO, and the percentage of members (with a live birth) enrolled in a MHV program by MCO.
  - OCDEL should require unique identification for the individuals participating in OCDEL-funded home visiting to allow a crosswalk between OMAP and OCDEL home visiting participants to limit any duplication of services.
- **Clarify the amount of funding supporting the MHV program within DHS' capitation line.**
  - To support adequate funding for the program, the campaign must first understand the current level of funding. Evidence-based home visiting models looking to support MHV programs and partner with MCOs need to ensure adequate rates are available to cover costs of services to meet the fidelity of their programs.
- **Communicate financing rules around MIECHV, Medicaid and other federal or state sources to maximize the reach of available funding for home visiting programs.**
  - Home visiting financing is not unique in that it relies on various funding streams to support its programming. However, with growing opportunity especially in Medicaid, DHS should meet and/or provide fiscal guidance for evidence-based home visiting programs to ensure funds are maximized and braided when appropriate.

## About Childhood Begins at Home

*An initiative of Early Learning PA, Childhood Begins at Home is a statewide campaign to help policymakers and the public understand the value of evidence-based home visiting and support public investments in the programs. Since the campaign began in 2017, it has won funding increases more than tripling the state investments. This has helped serve many more Pennsylvania families, yet it represents only a fraction of those who could benefit the most.*

## Sources

- <sup>i</sup> Childhood Begins at Home, Home Visiting Works, May 2023. <https://www.childhoodbeginsathome.org/wp-content/uploads/PPC-Model-Outcomes-Fact-Sheet-ONLINE.pdf>
- <sup>ii</sup> Pennsylvania MIECHV program, FY 2022. <https://mchb.hrsa.gov/sites/default/files/mchb/programs-impact/home-visiting/pa.pdf>
- <sup>iii</sup> Department of Human Services, Office of Income Maintenance, data set. June 2024.
- <sup>iv</sup> Pennsylvania Kids Count, Medicaid Births, 2021. <https://datacenter.aecf.org/data/tables/9942-medicaid-births--births-with-principal-payment-source-of-medicaid-by-mothers-race-or-ethnicity-and-by-age-group?loc=40&loct=2#detailed/2/any/false/2048,574,1729,37,871,870,573,869/3008,3655,6082,6083,3307,6084|8313,8256,8314,8315,214/19282,19283>
- <sup>v</sup> Childhood Begins at Home, Forward Thinking: Diversifying Funding to Grow and Sustain Evidence-Based Home Visiting in Pennsylvania, September 2021. <https://online.flippingbook.com/view/366575198/>
- <sup>vi</sup> National Academy for State Health Policy, Medicaid Reimbursement for Home Visiting, May 2023. [https://eadn-wc03-8290287.nxedge.io/wp-content/uploads/2023/05/NASHP\\_State-Medicaid-Reimbursement-for-Home-Visiting\\_Brief\\_FINAL.pdf](https://eadn-wc03-8290287.nxedge.io/wp-content/uploads/2023/05/NASHP_State-Medicaid-Reimbursement-for-Home-Visiting_Brief_FINAL.pdf)
- <sup>vii</sup> HealthChoices Agreement, effective January 1, 2024. <https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/providers/providers/documents/managed-care-information/2024-HealthChoices-Agreement-Including-Exhibits-and-Non-financial-Appendices.pdf>
- <sup>viii</sup> NASHP, May 2023.
- <sup>ix</sup> Pennsylvania Medicaid Waiver PA-67, 1915b. <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/83076>
- <sup>x</sup> NASHP, May 2023.
- <sup>xi</sup> NASHP, May 2023.
- <sup>xii</sup> HealthChoices Agreement, 2024.
- <sup>xiii</sup> NFP MA FFS Billing Guide, June 2023. <https://www.pa-home-visiting.org/nurse-family-partnership-ma-billing-guide/>